

# Monthly Income & Expense Record

| Income Source  | Pay Date | Present Amount |
|--|----------|----------------|
| Earned #1 -  |          |                |
| Earned #2 -  |          |                |
| Other Income – (SS, retirement, child support, etc.) |          |                |
|  |          | <b>Total:</b>  |

| Expenses   | Due Date | Present Amount |
|--|----------|----------------|
| Rent/Mortgage                                      |          |                |
| Gas/Oil  |          |                |
| Electric   |          |                |
| Water/Sewage                                       |          |                |
| Phone  |          |                |
| Life Insurance                                     |          |                |
| Car Insurance                                      |          |                |
| Installment loan with _____                        |          |                |
| Installment loan with _____                        |          |                |
| Charge Account _____                               |          |                |
| Charge Account _____                               |          |                |
| Charge Account _____                               |          |                |
| Charge Account _____                               |          |                |
| Food-Grocery Store                                 |          |                |
| Auto expenses (gasoline, oil changes)              |          |                |
| Medical (doctor, dentist, eye care, prescriptions) |          |                |
| Daycare  |          |                |
| Lunches, snacks, coffee, etc.                      |          |                |
| Cable TV   |          |                |
| Pay per view, video rental                         |          |                |
| Dry cleaning, laundry                              |          |                |
| Education expenses (including books)               |          |                |
| Pet expenses                                       |          |                |
| Barber/hair salon                                  |          |                |
| Allowances (including children)                    |          |                |
| Cigarettes/beverages (including alcoholic)         |          |                |
| Newspaper/magazines, etc.                          |          |                |
| Entertainment (including babysitting expense)      |          |                |
| Fast Food  |          |                |
| Clubs, sports, hobbies                             |          |                |
| New clothing/shoes                                 |          |                |
| College Funds                                      |          |                |
| Gifts-Birthdays, anniversaries                     |          |                |
| Saving   |          |                |
| Other Expenses                                     |          |                |
|  |          | <b>Total:</b>  |

\_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_  
**Total Net Income**                      **Total Expenses**